

United States District Court  
544 King Street  
Wilmington, Delaware 19801

Jourdean Lorah - Plaintiff  
114 Walls Ave.  
Wilmington, Delaware 19805

Case Number- 1:06-cv-538 SLR

V.

Tetra Tech Inc.-Defendant  
56 West Main Street  
Christiana, Delaware 19805

Tetra Tech Inc. - Defendant  
240 Continental Drive  
Newark, Delaware 19713-4307



#### MOTION TO RECONSIDER APPOINTED COUNSEL

Plaintiff, Jourdean Lorah respectively prays that reconsideration for appointed counsel be granted. Plaintiff, is now unemployed without unemployment benefits. Presently, there is no unemployment compensation in the Plaintiff's account. The continuing violation under Title VII is presently a lock out regarding Plaintiff's last part time position with Tatnall School located at 1501 Barley Mill Road in Wilmington, Delaware 19807. Plaintiff, Jourdean Lorah has met with an investigator at OSHA who has advised the Plaintiff how to proceed administratively regarding the wrongful violation concerning her rights. Plaintiff, Jourdean Lorah is denied gainful opportunity and is denied administratively the due process of those

in authority (abuse of discretion/privacy). Supervisors Mr. John Traynor from Tetra Tech Inc. and Ms. Jennings/Ms. Cathcart from Tatnall school have denied me employment. The doors are closed for gainful opportunity with benefits. The EEOC has legal representation for discrimination. Plaintiff, Jourdean Lorah has been denied equal opportunity and therefore is requesting counsel of an attorney from the EEOC or the U.S. District Court.

Jourdean Lorah - PRO SE  
1/4/07

Page: 1 Document Name: untitled

ECHO DELAWARE DEPARTMENT OF LABOR 01/03/2007  
 UNEMPLOYMENT INSURANCE CLAIM HISTORY  
 REFER TO: C NOTES CLAIM DATA AC DATES  
 SSN: 217 74 1460 CLAIM DATE: 10/09/2005  
 NAME: J S LORAH DISQUALIFIED DATE:  
 ADDR1: 114 WALLS AVE OVERPAYMENT DATE:  
 ADDR2: INSUFFICIENT DATE:  
 CITY: WILM DE 19805  
 PHONE: 302-225-0540 FIPS: 10-003-0 TOTAL MBA: 6,214 WBA: 239 BAL: 0  
 DOB: 01/27/1959 FUND CODE: 10  
 LOCAL OFFICE: 2 NO. PAYMENTS: 26  
 MASS LAYOFF: ( ) MBA: 6,214  
 HIRING HALL: N WBA: 239  
 RECALL: N DATE: BALANCE: 0  
 RTRN TO WORK: PAY NO.: 27  
 SCHOOL: Y LAST CWED: 04/15  
 DET FLAG: SIC1: 736  
 EARNGS BYPSS: TAX CODE: Y  
 SICK CLAIM: N DATE: TAX DATE: 10/09/2005  
 REDUCED HRS: TAX COUNT: 1  
 PARTIAL CLM: DET REG: Y DATE: 10/11/2005 ID: 000000000041816  
 HOLD PAY: N ( ) MAIL/PHONE: M  
 F1=MEN F4=RTN F5=EXT F6=PND F7=CHK F8=WAG F10=DIS F11=NT ECHOMAP  
 ECHOINQ

*Monetary 8 years  
expired*

*Can not open a new Claim for  
w/o 12/31/07 - see next page.*

Page: 1 Document Name: untitled

ECHO

DELAWARE DEPARTMENT OF LABOR  
UNEMPLOYMENT INSURANCE CLAIM HISTORY  
WAGE HISTORY

01/03/2007

SSN: 217 74 1460

NAME: J S LORAH

CLAIM DATE: 10/09/2005

QUARTERLY WAGES

EMPLOYER

NAICS

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TOTAL

NO WAGE HISTORY

No New Earnings on System

F1=MEN

F4=RTN F5=EXT F6=PND F7=CHK F9=HST F10=DIS F11=NT ECHOMAP  
ECHOINQ



## Division of Unemployment Insurance

CLAIMANT INCOME QUESTIONNAIRE

In order for the Division of Unemployment Insurance to correctly determine what effect your income may have on your entitlement to unemployment insurance benefits, please complete this questionnaire.

Name: J.S. Lora

Social Security Number: 21774-1460

## Do you receive any of the following?

			Gross Monthly Amount:	Effective Date:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Employer Pension	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Military Pension	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Railroad Retirement	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Lump Sum Pension	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Pension/Annuity	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Ira/Keogh	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Workers Compensation	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Sickness/Accident	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Disability Pay	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Severance/Bonus Pay	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Holiday/Vacation Pay	_____	_____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Self-Employment/Other	_____	_____

Local Office Comments:

**Claimant Certification:** I understand that penalties are provided by law for an individual making false statements to obtain benefits. I also understand that it is my responsibility to immediately report any changes in the amount or type of income I receive. I certify that the above information is correct to the best of my knowledge.

J. Lang  
Agency Representative

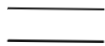
Date

1/3/07

Jordan Lora  
Claimant's Signature

Date

1/3/07



## Notice About Your Medical Assistance

State of Delaware Division of Social Services

December 18, 2006

Your Case #:  
9001440499

Questions? Contact your Caseworker:

I. HERNANDEZ-ORTIZ  
POOL# 0110  
1715 W 4TH ST  
4TH ST. OFFICE  
WILMINGTON DE 19805  
(302) 577-3600  
Fax: (302) 577-3648

To: JOURDEAN S LORAH  
114 WALLS AV  
WILMINGTON DE 19805

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### Medical Assistance for the following people has CHANGED:

<u>Name</u>	<u>Start Date</u>	<u>End Date</u>	<u>Old Program</u>	<u>New Program</u>
Jourdean S Lorah	January 1, 2007	Ongoing	Family Planning Services	Medicaid for Uninsured Adults

You are changing to the Medicaid Program. Medicaid covers most medical care services. In addition to medical care services, Medicaid covers the cost of transportation to medical appointments. The program also covers dental services for children under age 21.



**If you do not agree with this action, you have the right to a fair hearing.  
Read the last page of this notice to see how to ask for a fair hearing.**



Patty J. Lorah  
114 Walls Ave.  
Wilmington, Delaware 19805

January 2, 2007

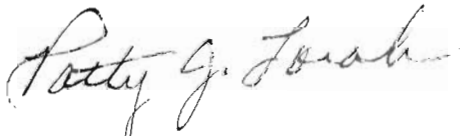
Equal Employment Opportunity Commission  
Philadelphia District Office  
Attention: Mr. King  
21 South Fifth Street  
Philadelphia, Pennsylvania

Dear Mr. King,

I am a concerned parent of Jourdean Lorah who resides with me at 114 Walls Ave. in Wilmington, Delaware . There seems to be a pattern of employment which results in either a layoff or a wrongful termination where no explanation or reason is given. My daughter's employment usually lasts approximately three months, each time resulting in a financial hardship with no retirement and unemployment compensation. Jourdean Lorah has financial responsibilities each month as a resident in my home.

Please contact me if there is anything that I can do or discuss with you. I know an overburden of cases is a hardship at this time but any consideration you could give us would be highly appreciated. I can be reached at 302-381-2637 (if possible to have a telephone conversation).

Sincerely yours,



Patty J. Lorah

Mr. King,  
I will be back in the area  
in Feb. if we need to set up a  
meeting. Thank you,